



CASE # _____

CITY OF COUNCIL BLUFFS, IOWA
ALLEY, STREET OR RIGHT-OF-WAY VACATION
APPLICATION

APPLICANT _____ PHONE/FAX (daytime) _____
ADDRESS _____ EMAIL ADDRESS _____

STATUS: Property Owner ____ Legal Option Holder ____ Contract Purchaser ____ Owner's Authorized Agent ____

OWNER (If other than applicant) _____
ADDRESS _____ PHONE/FAX (daytime) _____

REPRESENTED BY _____ PHONE/FAX (daytime) _____
ADDRESS _____ EMAIL ADDRESS _____

LOCATION OF PROPOSED VACATION _____

LEGAL DESCRIPTION OF PROPOSED VACATION _____

REASON(S) FOR VACATION REQUEST _____

ATTACHMENTS

1. Map of proposed vacation, if requested. After consultation with the Community Development Department, a survey may be required.
2. Title holders/contract purchasers abutting the property requested for vacation, if requested. This list must include names, property address, billing address and legal description.
3. Filing fee - \$100.00 - Nonrefundable Make checks payable to Council Bluffs City Clerk.

I certify that the information presented with this application is true and correct to the best of my knowledge.

Signature _____

Date _____